

Sexual Minority Students in Non-Affirming Religious Higher Education: Mental Health, Outness, and Identity

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Sexual minority (SM) students are vulnerable to increased rates of psychological distress and harassment as a result of stigma and other forms of marginalization in the college environment. However, little research has been conducted on the experiences and psychological functioning among SMs who attend nonaffirming religiously affiliated universities (NARAU) that enforce restrictive admission and conduct policies toward SM students, and/or view same-sex romantic expressions and identities as sinful. SM students ($N = 213$) attending NARAU completed the Counseling Center Assessment of Psychological Symptoms (CCAPS), the Outness Inventory (OI), and the Lesbian, Gay and Bisexual Identity Scale (LGBIS). Results indicate that SM students who attend Mormon, Evangelical, and Nondenominational Christian NARAU had more difficulty coming to terms with their sexual orientation than those in Catholic or Mainline Protestant schools. Furthermore, Mormon students reported significantly more incongruence between their sexual orientation and religious beliefs than other religious groups. Students who were involved with a Gay–Straight Alliance (GSA) had significantly less difficulty with their sexual orientation, less negative identities, and less religious incongruence than those students not involved with a GSA. More than 1 third (37%) reported being bullied or harassed at school because of their sexual orientation. Almost 1 in 5 (17%) reported a mental health professional had attempted to change their sexual orientation. Implications and recommendations for NARAU campus communities and counseling centers are discussed.

Keywords: gay, higher education, lesbian, religion, sexual minority

Sexual minorities¹ (SM; a term that encompasses lesbian, gay, bisexual, and queer/questioning [LGBQ] persons) can encounter unique challenges in the college environment, including verbal and sexual harassment, threats, and physical assaults (Rankin, Weber, Blumenfeld, & Frazer, 2010). More subtle forms of marginalization are often overlooked, including anti-LGBQ jokes or slurs, incivility and social rejection, limited access to SM role models,

lack of inclusion of LGBQ topics in curriculum, insufficient support services, and poor overall campus climate (Meyer, Oullette, Haile, & McFarlane, 2011; Swim, Pearson, & Johnston, 2007; Woodford, Han, Craig, Lim, & Matney, 2014). Students who have multiple minority identities (e.g., a Black lesbian female) report even higher rates of victimization and marginalization than both SM and non-SM students (Rankin, 2005; Rankin et al., 2010).

SM students who feel marginalized on their campuses are more likely to conceal their identity to avoid harassment, intimidation, and/or being identified as a SM (Pachankis & Goldfried, 2006; Rankin, 2005). Concealment, harassment, and stigma are associated with feeling of isolation, emotional distress, cognitive preoccupation, negative self-esteem, disengagement from academic responsibilities, and lower GPA among SM college students (Pachankis, 2007; Smart & Wegner, 1999; Woodford & Kulick, 2015). Further, SM students are more likely to seek college counseling services, and report significantly higher amounts of depressive symptoms, social anxiety, and eating concerns than their heterosexual peers, particularly among SMs who are questioning

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¹ We did not include gender minorities (e.g., transgender, genderqueer persons) in most of this article because a majority of the studies reviewed and measures used (see Method section) were only standardized on sexual minority populations. Data on gender minority students were collected in a separate follow-up study.

their sexual orientation (Center for Collegiate Mental Health [CCMH], 2015a; Effrig, Maloch, McAleavey, Locke, & Bieschke, 2014; Maloch, Bieschke, McAleavey, & Locke, 2013; McAleavey, Castonguay, & Locke, 2011; Woodford et al., 2014). Given these disparities, it is unsurprising that past data indicate that SM students are up to 2.6 times more likely to attempt suicide than heterosexual peers (Kisch, Leino, & Silverman, 2005). Recent data suggest that perceived burdensomeness of sexual orientation may be a factor that mediates this increased risk among cisgender SM individuals (Silva, Chu, Monahan, & Joiner, 2015).

These challenges may influence SM students in disproportional ways than heterosexual peers, even at college campuses that promote inclusive and LGBQ-affirming environments (Rankin et al., 2010; Woodford et al., 2014). However, many unanswered questions remain about campus environments that are explicitly non-affirming or rejecting toward SM students. In particular, almost no data exist on the experiences of SM students who attend nonaffirming religiously affiliated universities (NARAU). *Affirming* describes religious communities and beliefs that fully welcome SM individuals to all levels of participation (e.g., church membership) and view nonheterosexual identities and relationships as normative (Barnes & Meyer, 2012; Lee, 2012). In contrast, *non-affirming* religious perspectives and communities maintain that only heteronormative roles and relationships are morally acceptable. As such, the majority of same-sex romantic behaviors and gender nonconforming expressions are viewed as sinful and/or psychologically disordered (Barnes & Meyer, 2012; Lee, 2012). These faith communities often do not allow SM persons to become members, hold positions of leadership or employment, or participate in sacred traditions (e.g., communion; Hatzenbuehler, Pachankis, & Wolff, 2012). As a result, the purpose of this study is to examine the experiences, psychological functioning, sexual identity, and overall outness of SM students who attend NARAU.

Religion and Spirituality Among SM Individuals

Religion and spirituality play an important role in identity development and disclosure among SMs. In a sample of strongly religious Christian SM students at three religiously affiliated Evangelical universities, participants reported both positive and negative experiences following initial awareness of same-sex attraction including shame, guilt, fear about their families reaction, or being part of “[God’s] diverse Kingdom” (Yarhouse, Stratton, Dean, & Brooke, 2009, p. 100). Only a small proportion had disclosed their sexual identities to family members, a youth pastor, or a teacher, yet more than half had disclosed to a friend. Furthermore, only 14% of the SM sample identified as “gay,” and those who did not identify as gay reported greater confusion about their sexual identity. Other findings suggest that greater involvement in nonaffirming religious communities is associated with higher *internalized homophobia*—the extent that a person absorbs negative social and community sentiments toward LGB persons—among SMs (Barnes & Meyer, 2012).

Religion and religious community involvement can be important sources of social and emotional support that can be associated with positive health benefits and decreased psychiatric morbidity (Galek, Flannelly, Ellison, Silton, & Jankowski, 2015; Hamblin & Gross, 2014). Other benefits can include a sense of connection with a higher power to help resolve identity concerns, connection

to others who share similar values, and a general sense of love, hope, grace, forgiveness, support, encouragement, strength, and acceptance (Yarhouse et al., 2009). Additionally, those who experience dissonance with their sexual orientation may also see religion as a means of healing or correcting perceived sinful identities and/or sexual/romantic attractions (Yarhouse et al., 2009). Despite the potential benefits of religious involvement for SM individuals, significantly fewer LGB adults identify as religious when compared to heterosexual adults (Pew Research Center, 2015a).

Evidence remains mixed as to whether benefits associated with religion exist for SM individuals (Rodriguez, 2009; Rosario, Yali, Hunter, & Gwadz, 2006). To examine the ecological impact of religion on LGB youth, Hatzenbuehler, Pachankis, and Wolff (2012) conducted a population-based study of LGB youth in Oregon to assess whether denominational positions on homosexuality and gay rights were predictive of alcohol abuse and sexually transmitted infection (STI) risks (assessed via number of sexual partners). The authors found that LGB youth living in counties that had higher concentrations of nonaffirming faith communities had increased rates of alcohol abuse and more sexual partners than LGB youth who lived in counties with more affirming faith communities. The results remained significant even when controlling for other community factors (e.g., number of gay-straight-alliances in school) and were stronger among LGB youth when compared with a heterosexual control group. Among LGB adults, Meyer, Teylan, and Schwartz (2015) found that seeking treatment from a religious or spiritual advisor was associated with increased odds of attempting suicide, even when controlling for previous mental health diagnoses and multiple suicide attempts. Furthermore, individuals who experience dissonance between their religious beliefs and sexual orientation are often inclined to seek out sexual orientation change efforts (SOCE), such as reparative (“reorientation”) therapies (Bradshaw, Dehlin, Crowell, Galliher, & Bradshaw, 2015; Jones & Yarhouse, 2011). Thus, seeking help from a religious resource may worsen health outcomes for many SMs.

A likely moderator that could explain the discrepancies found in the data could be whether faith communities are affirming or nonaffirming. Nonaffirming views are largely (though not always) consistent with official doctrine of faith communities that most Americans belong to: Evangelical Protestants (25.4% of all Americans), Catholics (20.8%), Mainline Protestants (14.7%), Jews (1.9%), and Mormon/LDS (1.6%; Pew Research Center, 2015a). Past studies are helpful to distinguish group differences, noting that Protestants and Catholic LGB adults report more conflict about their sexual orientation than those who are Jewish, atheist, or agnostic (Schuck & Liddle, 2001). A potentially important nuance is that some faiths and religious individuals emphasize same-sex behavior as sinful as opposed to sexual orientation or attraction alone (Rosik, Griffith, & Cruz, 2007). Of note, many SM individuals who perceive rejection from nonaffirming religious communities often leave their religious faith entirely, become spiritual but no longer religious, or reinterpret religious teaching and their own personal theology (Schuck & Liddle, 2001). Further, attending a nonaffirming church is associated with symptoms of anxiety in lesbian and gay adults (Hamblin & Gross, 2013). Nonaffirming communities may also contribute to the perception that one must be less open about their sexual orientation. In a study of Mormon

adults who experienced same-sex attraction, participants who felt stigmatized by the Church of Jesus Christ of Latter-day Saints (LDS) reported greater concealment of their sexual orientation, which was positively associated with symptoms of anxiety and depression (Grigoriou, 2014).

SM Student Experiences in Non-Affirming Religious Higher Education

NARAUs include colleges, universities, and seminaries that have a rich and important history of providing students with liberal arts education while also nurturing faith and spiritual development through theological integration, community worship, and a range of other religious activities on campus. Though lacking in recent data, previous estimates indicate that there are over 200 NARAUs in the United States that actively bar admission of openly SM students, maintain behavioral codes that prohibit same-sex romantic expression, and/or limit and prohibit student organizations that affirm SM identities (Soulforce, 2008). Many NARAU's do not hold behavioral policies on campus, yet adhere to teachings that reject SM identities or relationships (e.g., marriage should only be between one man and one woman). Among religious institutions and communities, there is a wide range of beliefs and practices regarding gender and sexuality issues. Further, many faith-leaders and individuals have called for greater compassion and grace toward members of the SM community (e.g., Donadio, 2013) or advocated for civil rights such as legalization of same-sex marriage (Jones, 2015), though such remarks are not always synonymous with full affirmation of SM identities or relationships.

To understand sexual identity and developmental milestones of SM students who attend NARAUs, Stratton, Dean, Yarhouse, and Lastoria (2013) sampled 247 SM students from 19 NARAUs. The authors operationalized SMs as individuals who experienced "same-sex attraction" (SSA), on the grounds that "persons in Christian colleges and universities who experience SSA but would not self-identify as gay, lesbian, bisexual" because of religious conflict with these terms (Yarhouse et al., 2009, p. 99). Results indicated that students who experienced moderate levels of SSA experienced significantly more confusion about their sexual identity than those with a high degree of SSA. Furthermore, the attitude toward one's sexual orientation was moderated by level of SSA, such that students with high amounts of SSA and low amounts of "opposite sex attraction" were less likely to view same-sex relationships and attractions as negative. Another important finding was that among students who reported SSA, an overwhelming majority (79%) still identified as heterosexual. The authors concluded that the decision to identify as heterosexual "may be associated with the influence of the campus culture, religious conviction, or personal choice, but it may also reflect a distinctive of those seeking to develop an identity that engages both the religious and the sexual" (Stratton et al., p. 19).

Data have also explored policies and behavioral standards that restrict LGBTQ expressions and carry potential consequences at NARAUs. In a random sample of written student codes of conduct at 20 member institutions of the Council for Christian Colleges and Universities (primarily Evangelical schools), Wolff and Himes (2010) found the following consequences for LGBTQ "behavior" (e.g., holding hands, kissing, or any other form of sexual expression): academic probation, mandatory psychological counseling,

on-campus restrictions/limitations of privileges, suspension, and dismissal/expulsion. Further, a flurry of recent media reports show that many NARAUs deny the use of campus space to LGBTQ affirming student organizations or clubs, maintain hostile classroom and campus environments for SM students, and endorse SOCE (Eckholm, 2011; Hinch, 2013; Jaschik, 2013; Sieczkowski, 2014). A qualitative study at a Roman Catholic university provided concrete examples of hostilities and harassment on campus, noting that SM students received death threats, saw hate speech (e.g., "God Hates Fags") written on dorm room doors and bathrooms, and encountered other difficulties (Getz & Kirkley, 2006). A recent study at a Roman Catholic college in the Northeast found that half of SM and gender minority undergraduate students reported being harassed or bullied on campus, and that up to 16% experienced violence (Lockhart, 2013). However, students rarely report these incidents because of fears of not being taken seriously and/or treated with disrespect, having to out themselves in an unsupportive environment, and the perception that reporting will only make the situation worse (Lockhart). A majority of these students reported that they regretted coming out while attending that college and made considerable effort to conceal their sexual or gender identity on campus.

Such policies and campus climates create potential difficulties for students wishing to form LGBTQ-affirming spaces. McEntarfer (2011) examined the approaches used and subsequent experiences of SM students attempting to create an affirming student group (e.g., Gay-Straight Alliance) at three NARAUs, and found four major strategies used: (a) collaborative (i.e., finding common ground with school administrators); (b) conciliatory (i.e., accepting restrictions of what can be done); (c) assertive (e.g., public, non-violent protests and rejection of campus policies); and (d) underground/subversive (i.e., promoting change and advocacy via non-identified students). Regardless of approach, students and allied faculty made diversity a core focus of their efforts, which required significant time and energy (often being stressful). Though some NARAU faculty and staff were visibly supportive of SM students in McEntarfer's study, other research portrays situations in which affirming faculty and staff are much less visible due to fears of job loss, career repercussions, or lack of training (Estanek, 1998; Getz & Kirkley, 2006).

An important limitation of the above research is that much of the current data do not capture more recent student experiences. Social attitudes toward LGBTQ individuals and rights are rapidly shifting toward greater acceptance (Pew Research Center, 2015b). Evidence of increasing social acceptance of LGBTQ individuals can even be found in traditionally nonaffirming faith communities, though to a much lesser extent (Pew Research Center, 2015c). Given the swiftly changing social trends toward LGBTQ rights and the prevalence of nonaffirming faith communities in the United States, current research on the experiences of SM individuals who take part in religious higher education is needed.

Current Study

No study to date (to the best of our knowledge) has attempted a quantitative investigation of the mental health and psychological functioning of SM students who attend NARAUs. Given the unique environment and potential challenges that SM students can experience in NARAUs, as well as increased media attention and

student activism, this is an important and timely topic for further study. Our first aim was to assess the role of campus climate in regard to sexual identity, outness, and mental health (Rankin et al., 2010). SM individuals from nonaffirming faith communities may be more likely to experience rejection and harassment/bullying, and have difficulty forming a Gay–Straight Alliance (GSA) on campus (Lockhart, 2013; McEntarfer, 2011). As a result, we hypothesized:

Hypothesis 1: Sexual minority students who are not involved with a GSA and/or have been bullied at school will be less open about their sexual orientation, have more negative views about their sexual orientation, experience more difficulty coming to terms with their sexual orientation, and experience greater psychological distress.

Data suggest that SM students are more likely to seek mental health services and experience significantly higher amounts of depressive symptoms, social anxiety, and eating concerns than heterosexual peers (Effrig et al., 2014; McAleavey, Castonguay, & Locke, 2011). Other studies indicate greater associations between SM status and general psychopathology and academic concerns (e.g., Woodford & Kulick, 2015). Hence, we hypothesized:

Hypothesis 2: Sexual minority students who attend NARAU will report psychological distress as evidenced by clinically elevated (high) symptoms of depression, social anxiety, and eating concerns, as well as moderately elevated symptoms of substance abuse, hostility, academic distress, and generalized anxiety.

Belonging to a nonaffirming religious faith may be a predictor of mental health symptoms for SMs who experience dissonance between their orientation/identity and religious beliefs, particularly for Mormons (Grigoriou, 2014). Further, explicit evidence exists that Evangelical NARAU enforce consequences for SM relationships and expression (Wolff & Himes, 2010). Furthermore, many SM students at NARAU choose not to disclose their SM status or outwardly identify as heterosexual (Stratton et al., 2013). However, no study to date (to the best of our knowledge) has investigated whether differences are found across different types of religious schools. As a result:

Hypothesis 3: Sexual minority students who identify as Christian or Mormon, or attend an Evangelical or Mormon NARAU will have the most psychological distress, negative views about their sexual orientation, difficulty coming to terms with their sexual orientation, and be the least open about their sexual orientation.

Method

Participants

The sample consisted of 213 SM students currently enrolled in various NARAU. Eligibility criteria were as follows: (a) currently attends a religious college, university, or seminary that holds a nonaffirming view of LGBQ topics and/or does not admit openly LGBQ students and/or prohibits expression of LGBQ identity; (b) identifies as LGBQ and/or is questioning sexual orientation; (c) is

18 years of age or older; and (d) lives in the United States. The exact number of NARAU represented is unknown because the specific college attended was an optional question in the hope that participants would feel safer (and therefore be more honest) when answering questions. Participants attended NARAU from all parts of the U.S. The majority of participants identified as White (83%), Christian (62%), undergraduates (78%), and identified as gay/lesbian (56%). The mean age of the sample was 22.5 years ($SD = 4.5$). The Other Non-Christian (12%) category of personal religion included non-Christian faiths with less than 10 respondents (e.g., Muslim, Jewish, Bahai'i). Mainline Protestant schools (14%) included Lutheran, Presbyterian and Methodist. Other Christian schools (16%) included those that participants did not endorse any of the nominal categories we provided, wrote in their own responses, and had fewer than 10 responses (e.g., Church of Christ, Mennonite, and Quaker). We intentionally allowed individuals who were questioning ($n = 11$) their sexual orientation to participate even if they did not identify as LGBQ, given that not all SMs use or feel comfortable with LGBQ labels (Yarhouse et al., 2009). We also decided to keep heterosexual-identified ($n = 7$) students in our analyses in light of data that some highly religious SMs still identify as heterosexual because of potential stigma or congruence with religious beliefs (Stratton et al., 2013), an inherent limitation in SM research (Hamblin & Gross, 2014). Demographics are reported in Table 1.

Table 1
Sample Demographics ($N = 213$)

Characteristic	n (%)
Gender	
Male	91 (43)
Female	109 (51)
Transgender/other	12 (6)
Ethnicity	
Latino/a	18 (8)
Caucasian	177 (83)
Black	7 (3)
Asian/Pacific Islander	1 (5)
Other	11 (5)
Current religion	
Christian	133 (62)
Agnostic	27 (13)
Atheist	14 (7)
Mormon (LDS)	14 (7)
Other non-Christian	26 (12)
Class standing	
Undergraduate	155 (72)
Grad Student	59 (28)
School religious affiliation	
Catholic	60 (28)
Mainline Protestant	30 (14)
Evangelical	28 (13)
Non-denominational	43 (20)
Mormon (LDS)	16 (8)
Other Christian	35 (16)
Sexual orientation	
Gay or lesbian	119 (56)
Heterosexual	7 (3)
Bisexual	51 (24)
Questioning	11 (5)
Other	26 (12)

Procedures

Data were collected online using a secure platform. Participants were recruited through nonrandom purposive sampling techniques via paid social media and newspaper advertisements, e-mailing SM and religious organizations, professional list-serves and colleagues, and contacting SM student groups at religious colleges. This sampling method was similar to other studies that have recruited often difficult to access SM individuals in nonaffirming environments (Grigoriou, 2014). We questioned whether or not to approach NARAU administrators or staff directly to help with recruitment, but were skeptical that we would receive their support given the potential for the results to portray NARAUs negatively, or whether SM students would answer as openly knowing their school had approved the study. Recruitment messages also stated the opportunity to be entered into a drawing to win one of four small gift cards to increase participation. Participants completed the measures described below.

Measures

Lesbian, Gay and Bisexual Identity Scale (LGBIS). The LGBIS measures both internalized and externalized homonegativity, and how these constructs affect LGB individuals' sexual identity formation (Mohr & Fassinger, 2000). Using a 7-point Likert scale, participants respond to questions about various LGB identity experiences by selecting from 1 (*disagree strongly*) to 7 (*agree strongly*). The LGBIS consists of several subscales (e.g., Identity Confusion, Difficult Process, Need for Acceptance) and one composite score, "Negative Identity." Participants completed the entire LGBIS. However, we only included the Difficult Process subscale (e.g., "admitting to myself that I'm an LGB person has been a very painful process") and composite score in the results as these most pertained to our research hypotheses. For additional analysis, we created a "Religious Incongruence" subscale that included two items ("I'll never be fully accepted by God if I'm in a same-sex relationship," and "I can't be true to my faith and be in a same-sex relationship at the same time"). The subscale demonstrated a modest relationship with the Negative Identity composite scale, $r = .420$, $p < .01$, suggesting concurrent validity yet also distinctness. The interitem correlation was moderate, $r = .565$, $p < .001$, and demonstrated acceptable internal consistency (Cronbach's $\alpha = .722$). This subscale was not included in the composite score.

Outness Inventory (OI). The OI focuses on degree of openness ("outness") regarding one's sexual orientation to family, religious community (e.g., rabbi, priest), and employers (Mohr & Fassinger, 2000). The OI is based on the theoretical assumption that LGB individuals will determine their level of outness depending on how accepting they perceive others in their life to be regarding sexual orientation topics. Using a 7-point Likert scale, participants select their response from options ranging from 1 (*the person definitely does NOT know about your sexual orientation status*) to 7 (*the person definitely knows about your sexual orientation status, and it is OPENLY talked about*). The OI contains an "Overall Outness" composite score. For additional analysis, we created an "Out to College" subscale that included items relevant to roommate, professor/faculty, and classmate disclosure. The subscale demonstrated a modest relationship with the Overall Outness scale, $r = .671$, $p < .001$, suggesting concurrent validity

yet also distinctness. Interitem correlations on the Out to College subscale were all moderately positive, $r = .335-.585$, $p < .001$, and demonstrated acceptable internal consistency (Cronbach's $\alpha = .732$). The college subscale was not included in the Overall Outness composite score.

Counseling Center Assessment of Psychological Symptoms (CCAPS). The CCAPS is standardized 62-item instrument that assesses mental health symptoms in college students (CCMH, 2015b). The instrument is widely used among students who are obtaining services at college counseling centers (CCMH, 2015b; McAlevey et al., 2012). The CCAPS has been widely validated, has a large standardization sample, and shows moderate to strong concurrent validity with related measures: Beck Depression Inventory & CCAPS Depression subscale, $r = .82$, Eating Attitudes Test-26 & Eating Concerns subscale, $r = .58$, Social Phobia Diagnostic Questionnaire & Social Anxiety subscale, $r = .75$ (McAlevey et al., 2012). Participants indicate how well various statements describe them during the past two weeks on a 0–4 Likert scale (e.g., 0 = *not at all like me* to 4 = *extremely like me*). The CCAPS consists of several subscales that maintain strong internal consistencies: (a) Depression ($\alpha = .91$), (b) Social Anxiety ($\alpha = .84$), and (c) Eating Concerns ($\alpha = .90$), among others. These three subscales appear to be the most relevant to SM students (Effrig et al., 2014; McAlevey, Castonguay, & Locke, 2011). The CCAPS also contains a composite Distress Index, but this was not included due to strong overlap with the Depression subscale in our sample ($r = .93$).

The CCAPS provides numeric "cut points" which are helpful in determining symptom severity (low, moderate, & high) and also provide an estimate of whether individuals are most likely to resemble a clinical (i.e., in treatment) or a nonclinical level of psychological distress (CCMH, 2015b, p. 14). Cut points were validated by comparing college students in treatment, not in treatment, and those in treatment who also met *DSM-IV-TR* diagnostic criteria for more severe psychopathology (McAlevey et al., 2012). Hence, individuals who surpass the cut points (whether moderate or high) are more likely to be experiencing symptoms that are "potentially problematic" (p. 14).

Experiential and demographic questions. We also collected data on a range of campus-related experiences and involvement with a gay-straight alliance (GSA). Participants were asked to check whether each of the experiences listed had happened to them or not, and to indicate GSA involvement (yes/no). These items are presented in Table 2.

Statistical Analyses

To test the first hypotheses about campus experiences and climate, GSA involvement and bullying because of sexual orien-

Table 2
Student Experiences and Campus Climate ($N = 213$)

Experience	n (%)
Involved with a Gay–Straight Alliance that is part of the school	95 (45)
Bullied or harassed at school because of sexual orientation	78 (37)
Mental health professional attempted to change sexual orientation	36 (17)
Mental health professional affirmed LGB sexual orientation	101 (47)

tation were used as categorical (independent) variables, with dependent variables consisting of subscales on the OI (Out to College, Overall Outness), LGBIS (Negative Identity, Difficult Process, Religious Incongruence), and the CCAPS (Depression, Social Anxiety, Eating Concerns). Differences were analyzed using Factorial MANCOVA to control Type I error rates. We used age of participant as a covariate on the first hypothesis only, because older participants may have had more time to acquire campus experiences (bullying, involvement with GSA). Means and standard deviations for all of the CCAPS subscales were calculated and compared with clinical cut points provided by the CCAPS manual to test the second hypothesis using a descriptive comparison. To test the third hypothesis, categorical differences in the dependent variables (Overall Outness, Out to College, Negative Identity, Religious Incongruence, Depression, Social Anxiety, and Eating Concerns) were analyzed using one-way MANOVA with LSD post hoc comparison for each of the independent variables (School Affiliation and Participant Religion). We ran two separate one-way MANOVAs, rather than one Factorial MANOVA, because of inadequate sample sizes in some categories needed to test for interactions.

Results

To test the first hypothesis, categorical differences on the CCAPS, LGBIS, and OI scales were analyzed by campus climate variables (involvement with a GSA and bullying because of sexual orientation), while controlling for age as a covariate. Box's Test of Equality was significant, Box's $M = 149.16$, $p < .05$, hence unequal variance was assumed using Pillai's trace. Factorial MANCOVA results revealed significant main effects for age, trace = .127, $F(8, 179) = 3.261$, $\eta^2 = .127$, $p < .01$, involvement with a GSA, trace = .142, $F(8, 179) = 3.711$, $\eta^2 = .142$, $p < .001$, and bullying, trace = .138, $F(8, 179) = 3.587$, $\eta^2 = .138$, $p < .01$. An interaction was not significant for bullying \times GSA involvement, trace = .039, $F(8, 179) = .914$, $\eta^2 = .039$, $p > .05$. Between-subjects ANCOVAs were calculated as follow-up to the MANCOVA model. Marginal means, standard errors, F values, and effect sizes are presented in Table 3. The age covariate was significant for Out to College, $F(1, 191) = 19.392$, $\eta^2 = .094$, $p < .001$, and Overall Outness, $F(1, 191) = 7.457$, $\eta^2 = .039$, $p < .01$, suggesting that group differences are attributable to age on these scales. Main effects in GSA involvement were found for the Difficult Process, Negative Identity, and Religious Incongruence subscales, indicating that students involved with a GSA had less negative identities, less difficulty with their sexual orientation, and less religious incongruence. A main effect for bullying was found on the Depression subscale, such that students who were bullied because of their sexual orientation at school reported higher levels of depressive symptoms.

To test the second hypothesis, sample means and standard deviations were compared with clinical "cut points" established by the CCAPS manual (CCMH, 2015b). All of the means surpassed the cut point for "moderate" criteria, suggesting that our sample demonstrated a greater likelihood of potential clinical concerns. None of the means surpassed the cut points for "high" clinical concerns. Results are summarized in Table 4.

Regarding the third hypothesis, categorical differences on the Depression, Social Anxiety, Eating Concerns, Negative Identity, Difficult Process, Religious Incongruence, Overall Outness, and

Table 3
Campus Variables: MANCOVA Model Results (Age as Covariate)

Measure	LGBIS			OI		CCAPS		
Composite or subscale	Difficult process	Negative identity	Religious incongruence ^a	Overall outness	Out to college ^a	Depression	Social anxiety	Eating concerns
Involved with GSA at school	$F(\eta^2) = 18.03 (.09)^{***}$	$F(\eta^2) = 21.43 (.10)^{***}$	$F(\eta^2) = 5.05 (.03)^*$	$F(\eta^2) = 4.04 (.02)$	$F(\eta^2) = 11.34 (.06)$	$F(\eta^2) = 3.25 (.02)$	$F(\eta^2) = 1.51 (.01)$	$F(\eta^2) = 2.92 (.02)$
Yes, M (SE)	4.07 (.17)	3.52 (.12)	2.23 (.21)	4.05 (.17)	4.81 (.21)	1.35 (.11)	1.78 (.12)	1.10 (.11)
No, M (SE)	5.00 (.14)	4.27 (.10)	2.85 (.17)	3.59 (.14)	3.89 (.17)	1.62 (.09)	1.97 (.10)	1.36 (.10)
Bullied or harassed at school due to sexual orientation	$F(\eta^2) = .67 (.00)$	$F(\eta^2) = .73 (.00)$	$F(\eta^2) = .35 (.00)$	$F(\eta^2) = 12.96 (.07)$	$F(\eta^2) = 8.54 (.04)$	$F(\eta^2) = 4.23 (.02)^*$	$F(\eta^2) = .10 (.00)$	$F(\eta^2) = .15 (.00)$
Yes, M (SE)	4.45 (.17)	3.83 (.13)	2.46 (.21)	4.21 (.18)	4.74 (.21)	1.63 (.11)	1.90 (.12)	1.20 (.12)
No, M (SE)	4.62 (.13)	3.97 (.09)	2.62 (.16)	3.42 (.13)	3.96 (.16)	1.34 (.08)	1.85 (.09)	1.26 (.09)

Note. Higher scores on the LGBIS indicate a more negative view of one's sexual identity. Higher scores on the OI indicate greater amount of openness about sexual orientation. Higher scores on the CCAPS indicate greater levels of psychological distress.

^a Experimental subscales. Not included in the composite variables.

* $p < .05$. *** $p < .001$.

Table 4
CCAPS Risk & Severity Indicators

Subscale	<i>M (SD)</i>	Cut point classification	Clinical interpretation
Depression	1.48 (.93)	Moderate	Potentially problematic
Substance use	.77 (.86)	Moderate	Potentially problematic
Generalized anxiety	1.67 (1.00)	Moderate	Potentially problematic
Social anxiety	1.88 (.95)	Moderate	Potentially problematic
Eating concerns	1.26 (.95)	Moderate	Potentially problematic
Academic distress	1.54 (.97)	Moderate	Potentially problematic
Hostility	1.07 (.95)	Moderate	Potentially problematic
Family distress	1.62 (.99)	Moderate	Potentially problematic
Distress index	1.60 (.89)	Moderate	Potentially problematic

Note. Means classified as Low, Moderate, or High per clinical cutoffs. Scores in the Moderate or High category can be “potentially problematic” (CCMH, 2015b).

Out to College scales were analyzed by school religious affiliation and participant religion. The independent variables were analyzed separately because we did not have sufficient sample sizes to test for interactions. Box’s Test of Equality was significant, Box’s $M = 253.74$, $p < .05$, hence unequal variance was assumed using Pillai’s trace for school affiliation. Box’s Test of Equality was not significant, Box’s $M = 181.47$, $p = .44$, hence equal variance was assumed using Wilk’s Λ criteria for participant religion. MANOVA results revealed significant main effects for both participant religion, Wilk’s $\Lambda = .646$, $F(32, 680) = 2.669$, $\eta^2 = .103$, $p < .001$ and school religious affiliation, trace = .422, $F(40, 930) = 2.142$, $\eta^2 = .084$, $p < .001$.

Between-subjects ANOVAs were calculated as follow-up to the MANOVA model. Marginal means, standard errors, F values, and effect sizes are presented in Table 5.

For the School Affiliation variable, differences were significant for Difficult Process, Negative Identity, Religious Incongruence, Depression, and Social Anxiety, but not for Overall Outness, Outness to College, or Eating Concerns. Post hoc analyses revealed that SM students who attend Nondenominational, Evangelical, and Mormon NARAUs had significantly more difficult sexual identity processes than students in Catholic and Mainline Protestant schools. SM students attending Other Christian schools also had more difficult processes than those in Catholic NARAUs. SM students in Nondenominational and Mormon NARAUs reported more negative sexual identities than students in Catholic NARAUs. SM students who attend Mormon NARAUs endorsed significantly higher levels of religious incongruence about their sexual orientation than students who attended all other types of NARAUs. Students who attended Other Christian programs reported significantly fewer symptoms of depression and social anxiety than students at Catholic, Mainline Protestant, and Mormon NARAUs.

For the Participant Religion variable, between-subjects ANOVA revealed that differences were significant for the Difficult Process, Negative Identity, and Religious Incongruence scales, but not the other variables. Post hoc analyses revealed that Mormon students reported a more difficult process and negative sexual identity than students who identified as Atheist, Agnostic, or Other Non-Christian. Likewise, Christian students reported a more difficult process and negative sexual identity than Agnostic and Other

Table 5
Religion Variables: MANOVA Model Results

Measure	LGBIS			OI		CCAPS		
	Composite or subscale	Difficult process	Negative identity	Religious incongruence ^a	Overall outness	Out to college ^a	Depression	Social anxiety
Participant religion	Christian, $M (SE)$	$F(\eta^2) = 6.52 (.12)^{***}$	$F(\eta^2) = 5.26 (.10)^{***}$	$F(\eta^2) = 8.15 (.15)^{***}$	$F(\eta^2) = 1.62 (.03)$	$F(\eta^2) = 1.49 (.03)$	$F(\eta^2) = .38 (.01)$	$F(\eta^2) = .83 (.02)$
	Agnostic, $M (SE)$	4.86 (.12)	4.15 (.09)	2.39 (.15)	3.59 (.14)	4.14 (.16)	1.44 (.09)	1.82 (.09)
	Mormon (LDS), $M (SE)$	4.22 (.28)	3.59 (.21)	2.89 (.34)	3.42 (.31)	4.05 (.38)	1.40 (.20)	2.08 (.20)
	Other non-Christian, $M (SE)$	4.29 (.38)	3.66 (.28)	2.50 (.45)	4.38 (.41)	4.39 (.51)	1.47 (.26)	1.97 (.26)
	Other Christian, $M (SE)$	5.46 (.36)	4.60 (.27)	4.89 (.43)	3.33 (.39)	3.43 (.49)	1.65 (.25)	2.19 (.26)
School affiliation	Catholic, $M (SE)$	$F(\eta^2) = 5.14 (.12)^{***}$	$F(\eta^2) = 3.09 (.08)^*$	$F(\eta^2) = 6.75 (.15)^{***}$	$F(\eta^2) = .74 (.02)$	$F(\eta^2) = 1.12 (.03)$	$F(\eta^2) = 2.36 (.06)^*$	$F(\eta^2) = 2.35 (.06)^*$
	Mainline Protestant, $M (SE)$	4.03 (.19)	3.59 (.14)	2.19 (.22)	3.76 (.20)	4.49 (.25)	1.58 (.13)	1.91 (.13)
	Evangelical, $M (SE)$	4.26 (.25)	4.01 (.19)	2.66 (.30)	3.61 (.28)	4.20 (.34)	1.74 (.17)	2.18 (.17)
	Non-denominational, $M (SE)$	5.06 (.26)	4.06 (.20)	2.23 (.31)	3.93 (.28)	4.39 (.35)	1.34 (.18)	1.72 (.18)
	Mormon (LDS), $M (SE)$	5.22 (.23)	4.35 (.18)	2.71 (.27)	3.28 (.25)	3.66 (.31)	1.42 (.15)	1.87 (.16)
Eating concerns	Other Christian, $M (SE)$	5.28 (.34)	4.45 (.26)	4.75 (.41)	3.58 (.37)	3.80 (.46)	1.75 (.23)	2.23 (.23)
	Other Christian, $M (SE)$	4.64 (.24)	3.92 (.18)	2.36 (.29)	3.74 (.26)	4.20 (.32)	1.06 (.16)	1.49 (.16)

Note. Higher scores on the LGBIS indicate a more negative view of one’s sexual identity. Higher scores on the OI indicate greater amount of openness about sexual orientation. Higher scores on the CCAPS indicate greater levels of psychological distress.

^a Experimental subscales. Not included in the composite variables.

* $p < .05$. *** $p < .001$.

Non-Christians. Finally, Mormon SM students endorsed significantly higher levels of religious incongruence about their sexual orientation than all of the other groups.

Supplementary frequency data was collected on the experimental OI “Out to College” subscale. 54% of SM students reported that they have talked about their sexual orientation with a professor or faculty member at least once, 51% have talked about their sexual orientation with a classmate or peer at least one time, and 69% of students who have a roommate have talked about their sexual orientation with their roommate at least once (more than half report that they talk about it openly with their roommate).

Discussion

Our findings present a complex picture of SM student experiences, sexual identity, outness, and psychological functioning at NARAUs in the United States. We stress that NARAUs are a very diverse group of institutions, and therefore conclusions and results may not apply to all NARAUs.

Our first hypothesis was partially supported in that SM student involvement with a GSA on campus was associated with a more positive view of their sexual identity, less religious incongruence, and less difficulty with their sexual orientation than students not involved with a GSA. This finding is not surprising considering students who know other SM students would have less stigma or shame about their sexual orientation if they know they are not alone, have a place to discuss concerns, and form peer relationships. Another consideration is that NARAUs who allowed a GSA to form on campus may already be more welcoming (or at least less restrictive) campuses to SMs, hence these results may be explained by the campus climate rather than the involvement with a GSA. A possible limitation is selection bias, in which students who join GSA’s may already be more socially adept, have less stigma about their sexual orientation, and perhaps have greater baseline well-being.

With regard to bullying, our hypothesis was again partially supported in that students who were bullied at school because of their sexual orientation reported more symptoms of depression. Contrary to our expectations, no differences were found on the other variables (social anxiety, negative identity, and outness). Rankin et al.’s 2010 national survey of LGBTQ college students found that 23% of LGBTQ students experienced bullying or harassment on campus, whereas this was even higher among our sample (37%). A possible explanation is that stigma associated with reporting sexual orientation harassment, as well as lack of clear protections for SM students, contribute to this discrepancy at NARAUs, a finding consistent with another study at a Catholic NARAU (Lockhart, 2013). As a result, it is likely that more harassment and bullying of SM students occur at NARAUs, a finding which warrants both concern and further study.

Our second hypothesis aimed to understand whether our SM sample demonstrated potential clinical concerns on a range of mental health indicators; this portion of the hypothesis was supported. All of the subscales on the CCAPS were above the “moderate” cut point, suggesting that SM students in our sample who attend NARAUs are at-risk for potentially significant concerns that could become the focus of clinical attention. However, our hypothesis that students would have elevated (“high”) scores on the Depression, Social Anxiety, and Eating Concerns subscales was not supported. This is not to say that

these subscales could not be a clinically significant concern. Yet for our sample as a whole, these symptoms did not rise to the diagnostic threshold for serious psychiatric pathology. We did not assess for whether participants were currently in counseling services, though it would not be surprising if many were because there is evidence that SMs seek out counseling services at higher rates than their heterosexual peers (McAleavey, Castonguay, & Locke, 2011). A *self-selection* bias could have existed in that SM adults experiencing distress may have been more interested and willing to participate in a study that asked them about those experiences that are associated with distress (Grasser, 2014).

With regard to mental health symptoms, our third hypotheses was partially supported for Mormons, but not Evangelicals. Students who attended Other Christian schools reported significantly fewer symptoms of depression and social anxiety than students at Catholic, Mainline Protestant, and Mormon NARAUs. We did not find any significant differences for personal religion on any of the CCAPS subscales. This is a difficult finding to interpret, given the range of Other Christian affiliations reported (e.g., Mennonite, Quaker, and Church of God). A possible explanation for why Evangelical students did not report more depressive symptoms and social anxiety than those in other schools could be that students who find nonaffirming theological positions and environments congruent with their religious beliefs would likely not be distressed by them (e.g., a student who believes being gay is sinful would not be distressed by a school code of conduct that supports this position). Also, religion may offer a substantial amount of comfort and source of community to many SM individuals who find incongruence with their sexual orientation and their faith (Yarhouse et al., 2009).

With regard to sexual identity and religious incongruence, our hypothesis was largely supported for Mormons, but only partially for Evangelicals. Results indicated that SM students who attend Nondenominational, Evangelical, and Mormon NARAUs had significantly more difficult sexual identity processes than students in Catholic and Mainline Protestant schools, and that SM students attending Other Christian schools had more difficult processes than those in Catholic NARAUs. SM students in Nondenominational and Mormon NARAUs reported more negative sexual identities than students in Catholic NARAUs. Though we did not ascertain the exact theological positions of all of the nondenominational schools, it is likely that many of these programs strongly resemble Evangelical Christian programs. For example, three of the most well-known Evangelical colleges in the U.S. (Wheaton College, Biola University, & Regent University) could be considered nondenominational because they are not affiliated with a specific church. Parallel results indicated that both Mormon and Christian students reported a more difficult process and negative sexual identity than students who identified as Agnostic or Other Non-Christian. These results are consistent with past research in that Protestants (including Evangelicals) and Catholic LGB adults report more conflict about their sexual orientation than those who are Jewish, Atheist, or Agnostic (Schuck & Liddle, 2001).

Our results appear to cast Catholic schools in a different light in comparison with most of the other schools with regard to SM identities and difficulty with one’s sexual orientation. We theorize that Catholic schools are different from many of the other NARAUs we assessed because, although Church doctrine may officially condemn LGB relationships, we did not find evidence that they explicitly ban

SM students from forming same-sex relationships or attending their schools, unlike many Evangelical, Nondenominational, and Mormon schools (Biaggio, 2014; Lyon, 2007; Wolff & Himes, 2010). Furthermore, without such a ban in place, more Catholic schools may allow GSAs and other SM-themed activities on campus than more restrictive NARAU. However, data about the exact policies at each school were not collected. Further, a selection bias is again possible in that SM students may choose to attend a school that is less restrictive, hence potentially inflating baseline wellbeing or openness.

A somewhat surprising result was that students who identified as Mormon/LDS or attend Mormon schools were more likely to report incongruence between their sexual orientation and religious faith than all of the other groups. Hence, Mormon students and college environments appear to be unique. This finding may be important to understand in terms of the LDS church's stance on SM issues. For instance, sexual activity between members of the same-sex is grounds for excommunication within the LDS church, a serious consequence (Grigoriou, 2014). Excommunication involves no longer having church membership, ostracism from loved ones, and the belief that the excommunicated individual will be separated from God and family members for eternity (Public Broadcasting System, April, 2007). As such, Mormon students may hold to nonaffirming religious beliefs in especially strong ways in light of severe consequences for violating strict heteronormative rules. Our findings should be interpreted with caution as we did not have many Mormon participants ($n = 16$). However, a much larger study of 634 Mormons supports these conclusions; recent data indicate that sexual identity confusion is correlated with symptoms of depression for SM Mormons, and greater involvement with the LDS church is associated with increased minority stress for SMs (Crowell, Galliher, Dehlin, & Bradshaw, 2015).

Contrary to our third hypothesis, we did not find any differences in students' outness about their sexual orientation across participants' religion or school affiliations. We question whether an individual's perception of openness may be mediated by the presence of having a few individuals they could talk to openly about their orientation regardless of the actual campus environment. This may be supported by our frequency data; more than half of our sample reported having talked to a faculty member or classmate about their sexual orientation, whereas more than two thirds have talked to a roommate. Given the stigma surrounding LGBQ topics on many campuses, it seems reasonable to assume that SM students would not disclose such information unless they felt comfortable sharing it, hence pointing to the likelihood of supportive faculty members, peers, and roommates. However, we did not assess the individual's reactions to their disclosures, and the possibility exists that such disclosures may have been more harmful than helpful if the person reacted in a negative or rejecting manner.

Helping Sexual Minority Students on Religious Campuses

Our results indicate that involvement with a school GSA was associated with less negative perceptions of sexual identity, less difficulty with one's sexual orientation, and less religious incongruence. As such, allowing students to form GSAs would appear to have potential benefits. However, this could have potential drawbacks in NARAU as well, given that school administrators may wish to control or monitor content, membership, and so forth. Furthermore, more than a third of students reported being bullied because of their

sexual orientation at school. Rankin and colleagues' 2010 Campus Pride report lays a comprehensive framework for best practices to improve campus climate for SM students, which could in turn reduce bullying and harassment on campus. Steps include: (a) developing LGBTQ inclusive policies; (b) demonstrating institutional commitment to LGBTQ diversity; (c) integrating LGBTQ topics and concerns into curricular and cocurricular education; (d) responding appropriately to anti-LGBTQ harassment, violence, and other incidents; (e) creating "brave spaces" for student dialogue on-campus, especially in dormitories (p. 16); (f) offering comprehensive, culturally appropriate medical and mental health services; and (g) improving recruitment and retention efforts of LGBTQ students. We recognize that several of these recommendations are more difficult to implement than others, though this does not excuse lack of effort to safeguard SM students.

Wolff and Himes (2010) note that NARAU can improve campus climate for SM students in manners that are consistent with their institutional religious values. For example, most NARAU have mission statements that strive for virtues such as love, grace, or compassion (e.g., "love thy neighbor"). Furthermore, many NARAU pride themselves on creating campus climates that allow for spiritual growth through fellowship and community with others. This is a unique and important strength NARAU possess that could be further enhanced to support SM students who wish to openly discuss their sexual orientation with others. Of note, some Evangelical NARAU campuses have taken small but important strides to better support this kind of dialogue. For example, Biola University (2014) held an event featuring a gay speaker whose views did not align with the university's official theological position. Given that our results point to higher religious incongruence and difficult processes among Mormon students, similar dialogue could be helpful at Mormon/LDS schools if it were to feature differing perspectives of LGBQ Mormons.

Some NARAU have made other systemic changes to make campus environments much more welcoming to SM students. Steps include adding sexual orientation as a protected class to antiharassment policies, starting focus groups on campus, and providing administrative support for educational programs and staff training on LGBTQ topics (Getz & Kirkley, 2006). Limited outcome data exist on the benefits of such programming, but suggest increased awareness of social and cultural identity for all students, improved confidence among faculty/staff/students to be resources for SM students, and greater sensitivity and compassion toward SM individuals across the campus community (Getz & Kirkley, 2006). Also, a study of primarily heterosexual Evangelical Christian college students found that when students know someone who is LGB, they have significantly less negative attitudes toward LGB persons (Wolff, Himes, Miller Kwon, & Bollinger, 2012). Therefore, having open, nonjudgmental, and nonpunitive dialogue on campus is likely to have many benefits to students, faculty, staff, and positively affect campus climates. Findings from Eisenberg (2002) on condom use among LGB students on college campuses may have useful parallels to these implications. The study found that the more LGB resources on campus (e.g., having a LGB student group, staff who were implementing LGB diversity, etc.), the more likely sexually active LGB students were to use condoms. Such results are important in that improving campus climate for SM students as a whole may have many other benefits in addition to mental health.

Implications for College Counseling Centers

Findings revealed that nearly a fifth of students (17%) have had a mental health professional attempt to change their sexual orientation, a process referred to as reparative/conversion therapy or sexual orientation change efforts (SOCEs). Of note, we did not assess whether SOCEs occurred on-campus or with an outside provider. However, it seems reasonable to infer that a sizable portion of these respondents have received such services at a university/college counseling center given their ease of access and affordability, or been referred off-campus if these services were not available on-campus.

These findings raise significant concerns. In 2009, a task force of the American Psychological Association concluded that “efforts to change sexual orientation are unlikely to be successful and involve some risk of harm” and are most likely to be sought out by those who are “strongly religious” (American Psychological Association Task Force on Appropriate Therapeutic Responses to Sexual Orientation, 2009, p. v). Furthermore, the American Psychiatric Association declared that SOCEs “represent a significant risk of harm by subjecting individuals to forms of treatment which have not been scientifically validated and by undermining self-esteem when sexual orientation fails to change” (American Psychological Association, 2013). Some SM students, particularly those who experience strong dissonance between their sexual orientation and religious beliefs, may come to counseling with the stated desire for SOCE. As a result, significant staff training is needed in models of psychotherapy which are exceptionally focused on encouraging self-determination, sensitive to religion/spirituality, embrace a developmental view of sexual and gender identity, and have safeguards to protect students from therapist bias and potentially harmful practices.

Limitations & Future Directions

External validity may be limited by the nonrandom purposive sampling approach and relatively small sample, though a range of NARAU were included. Another limitation of this study was the small number of racial/ethnic minority participants, as well as those from non-Christian religious traditions. However, NARAU are overwhelmingly Christian in the United States. We used standardized inventories and questions focused on sexual minorities. As such, our results cannot be generalized to gender minority students. Another limitation is that we relied solely on participant responses and perceptions, and did not collect parallel objective campus climate data (e.g., reviewing the school’s nondiscrimination policy). Hence, we were not able to analyze the potential impact of community-level determinants on mental health independently. Also, we did not collect a representative sample of heterosexual NARAU students or SMs who attend nonreligious schools, which could have served as a comparison group. A qualitative study would likely provide very rich, valuable data to supplement this study’s quantitative results.

Conclusion

Religiously affiliated colleges, universities, and seminaries are an important, unique part of the American higher education system. Such institutions also maintain strong traditions and practices

central to their campus identity and mission. Efforts aimed at helping SM students who attend such institutions are no easy task. Greater dialogue about sexual orientation issues and development, sensitivity toward diverse populations, compassion and care for SM students, and the use of data to guide interventions may be important steps in promoting campus climates that can be welcoming to SM students at NARAU.

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